County: Jasper

Facility Type: Adult Day Care

Facility Name County/Ownership Type
Location Street Mailing/Billing Address Licensed
Location City, State Licensee Units

Administrator/Phone License Nbr/Expiration Date

NEW GENERATIONS ADULT DAY CENTER OF RIDGELAND Jasper / Corporation

507 JASPER STATION STE 1 PO BOX 4929

RIDGELAND, SC 29936-8927 FAC.#:843-726-6077 FLORENCE, SC 29502-4929

TILLMAN, CAROL S PH#: 843-726-6077 NEW GENERATIONS ADULT DAY CENTER OF FLORENCE INC

Facility Email: ANN@NEWGENERATIONSHC.COM ADC-0131 / 11/30/2014

Number of Participants: 48

1

County: Jasper Facility Type: Home Health Facility Name County/Ownership Type Location Street Mailing/Billing Address Licensed Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date ISLAND HEALTH CARE Jasper / Corporation 1 300 NEW RIVER PKWY, STE 7 PO BOX 8011 HARDEEVILLE, SC 29927-4450 FAC.#:843-208-3660 SAVANNAH, GA 31412-8011 ISLAND HEALTH CARE INC BOLCH, ELLEN B PH#: 843-208-3660 Facility Email: MHITT@THAGROUP.ORG HHA-0111 / 02/28/2014 Counties Served: Beaufort License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:

County: Jasper

Facility Type:	Hospice	Program
Facility Name		

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensed Licensee Units License Nbr/Expiration Date	
ISLAND HOSPICE	Jasper / Non-Profit Corporation 5	
300 NEW RIVER PKWY STE 7	PO BOX 8011	
HARDEEVILLE, SC 29927-4450 FAC.#:843-208-3660	SAVANNAH, GA 31412-8011	
BOLCH, ELLEN B PH#: 843-208-3660	IHC HOSPICE INC	
Facility Email: MHITT@THAGROUP.ORG	HPC-0115 / 02/28/2014	
Counties Served: Beaufort, Charleston, Colleton, H	ampton, Jasper	
SANCTUARY HOSPICE	Jasper / Corporation 12	
10911 N JACOB SMART BLVD STE B	PO BOX 161	
RIDGELAND, SC 29936-2709 FAC.#:843-645-6540	RIDGELAND, SC 29936-2602	
MORRIS, STEVEY PH#: 843-645-6540	CAROLINA HOME HOSPICE CORPORATION	
Facility Email: WABBOTT@SANCTUARYHOSPICE.COM	HPC-0143 / 08/31/2014	
Counties Served: Aiken, Allendale, Bamberg, Barnwe Dorchester, Hampton, Jasper, Oran		
ST LUKE MISSIONARY HOSPICE	Jasper / Limited Liability 3	
149 RIVERWALK BLVD STE 6	149 RIVERWALK BLVD STE 6	
RIDGELAND, SC 29936-8191 FAC.#:843-473-3055	RIDGELAND, SC 29936-8191	
FRISCH, STEVEN PH#: 843-473-3055	ST LUKE MISSIONARY HOSPICE OF SOUTH CAROLINA LLC	
Facility Email: DUANEDUFRENE@HOTMAIL.COM	HPC-0176 / 10/31/2014	
Counties Served: Beaufort, Hampton, Jasper		

Totals For Facility/License T	Type: Hospice	Program
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Number of Activities/Facilities licensed: 3 Number Licensed Units: 20

County: Jasper

Facility Type: Hospital or Institutional General Infirmary

County/Ownership Type Facility Name Location Street Mailing/Billing Address Licensed Location City, State Licensee Units

Administrator/Phone License Nbr/Expiration Date

COASTAL CAROLINA HOSPITAL Jasper / Corporation 41

1000 MEDICAL CENTER DR 1445 ROSS AVE STE 1400 HARDEEVILLE, SC 29927-3446 FAC.#:843-784-8023 DALLAS, TX 75202-2703

COASTAL CAROLINA MEDICAL CENTER INC TALBERT, BRADLEY S PH#: 843-876-8340

Facility Email: BILL.MASTERTON@TENETHEALTH.COM HTL-0902 / 06/30/2014

Licensed Beds: General: Psychiatric: 0 Rehab: 0 Substance Abuse: 41

Neonatal Special Care: 0 0 Other Beds : NICU:

Certifications: Swing Bed Unit(s), JCAHO Accredited

Totals For Facility/License Type: Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: Number Licensed Units: 1 41

County: Jasper

Facility Type: Nursing Home

Facility Name County/Ownership Type
Location Street Mailing/Billing Address Licensed
Location City, State Licensee Units

Administrator/Phone License Nbr/Expiration Date

RIDGELAND NURSING CENTER Jasper / Corporation

1516 GRAYS HWY PO BOX 1570

RIDGELAND, SC 29936-5440 FAC.#:843-726-5581 RIDGELAND, SC 29936-2627 BOYLES, SHERI P PH#: 843-726-5581 RIDGELAND NURSING CENTER INC

Facility Email: SBOYLES@RIDGELANDNC.COM NCF-0553 / 08/31/2014

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing Home

Number of Activities/Facilities licensed: _____1 Number Licensed Units: _____88

5

hlfactcc.rdf

County: Jasper

Facility Type: PSAD Outpatient

Number of Activities/Facilities licensed: 2

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
RECOVERY CONCEPTS	Jasper / Ltd. Liability	1
124 BOARDWALK DR STE A	124 BOARDWALK DR STE A	
RIDGELAND, SC 29936-7994 FAC.#:843-645-2770	RIDGELAND, SC 29936-7994	
GLOVER, DORIS M PH#: 843-645-2770	RECOVERY CONCEPTS LLC	
Facility Email: DORISMGLOVER@HARGRAY.COM	OTPN-0080 / 09/30/2014	
Certifications:Narcotics Treatment Program, Met	hodone Treatment Program	
WRIGHT DIRECTIONS FAMILY SERVICES	Jasper / Limited Liability	1
60 S RAIL ROAD AVE	PO BOX 1343	
RIDGELAND, SC 29936-8757 FAC.#:843-645-7700	RIDGELAND, SC 29936-2623	
MCNAIR, JAWANDA PH#:	WRIGHT DIRECTIONS LLC	
Facility Email: WRIGHTDIRECTIONS@GMAIL.COM	OTP-0111 / 08/31/2014	
Certifications:None		
Totals For Facility/License Type: PSAD Outpa	tient	

6

Number Licensed Units:

____2

County: Jasper Facility Type: Renal Dialysis Facility Name County/Ownership Type Location Street Mailing/Billing Address Location City, State Licensee Administrator/Phone License Nbr/Expiration Date FMC DIALYSIS SERVICES-THE MARSHLANDS Jasper / Corporation 28 RICE POND RD 28 RICE POND RD RIDGELAND, SC 29936-8170 FAC.#:843-987-0110 RIDGELAND, SC 29936-8170 WIRT, LELIA PH#: 843-987-0110 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC Facility Email: LELIA.WIRT@FMC-NA.COM ERD-0095 / 03/31/2014 Licensed Stations: Hemodialysis: 17 Peritoneal: 1 Jasper / Corporation RIDGELAND DIALYSIS 112 WEATHERSBY ST 5200 VIRGINIA WAY STE 400, LICENSING AND CERTIFICATION RIDGELAND, SC 29936-9514 FAC.#:843-717-9379 BRENTWOOD, TN 37027-7569

DELOACH, BRENDA PH#: 843-717-9379

Facility Email: Not on File

Licensed

Units

18

10

TOTAL RENAL CARE INC

ERD-0187 / 07/31/2014

Licensed Stations: Hemodialysis: Peritoneal:

Totals For Facility/License Type: Renal Dialysis Number of Activities/Facilities licensed: Number Licensed Units: 28

County: Jasper Facility Type: Tattoo Facility Facility Name County/Ownership Type Location Street Mailing/Billing Address Location City, State Licensee Administrator/Phone License Nbr/Expiration Date INK REVOLUZION TATTOOS Jasper / Limited Liability 18892 WHYTE HARDEE BLVD UNIT 103 18892 WHYTE HARDEE BLVD UNIT 103 HARDEEVILLE, SC 29927-5438 FAC.#:843-784-2246 HARDEEVILLE, SC 29927-5438 RIVERA, JONATHAN PH#: 843-384-0744 INK REVOLUZION LLC Facility Email: INKREVOLUZION@GMAIL.COM TF-0157 / 08/31/2014 Totals For Facility/License Type: Tattoo Facility Number of Activities/Facilities licensed: _____1 Number Licensed Units:

Number of Activities/Facilities licensed in county of <u>Jasper</u> # Lics: <u>12</u>

Number Licensed Units : <u>230</u>

Report Totals

Total Number of Activities/Facilities licensed _____12 Total Number Licensed Units: ____230

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Licensed

Units